

## Missouri City Mayor's Youth Commission

### 2016-2017 Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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List all extracurricular activities that you are involved in.

List all volunteer and community service activities.

List all leadership roles.

Why are you interested in MYC?

What do you hope to accomplish through MYC?

What can you offer MYC?

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I, \_\_\_\_\_ hereby agree to comply with all the MYC guidelines, acknowledging that any breach of terms will result in expulsion.

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Applicant Signature

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Parent Signature